

**Bolivian Health System Strengthening Program  
FORTALESSA – UNICEF  
Bolivia**



**Quarterly Report Q2 2013  
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## ACRONYMS

AEIPI	Integrated Care of Childhood Prevalent Diseases
ALS	Local Health Agents
AO	Assistant Objective
ASIS	Health Situation Analysis Rooms
AT	Technical Support
AWP	Annual Work Plan
CAI	Information Analysis Committees
CDC	Competencies Development Center
CCMC	Continuous Quality Improvement Cycles
CONE	Obstetric and Neonatal Care
CLS	Social Health Council
CSM	Municipal Social Council
DELIVER	Drugs Logistic and Inputs Project
DILOS	Local Health Directory
HACT	Harmonized Cash Transfers
HCI	Health Care Improvement
HCP	Healthy Community Project
HPME	Bleeding during the First Half of Pregnancy
HR	Human Resources
FIM	Institutional Municipal Pharmacies
FORTALESSA	Program to Strengthen the Bolivian Health System
FONETWORKS	Program to Strengthen Health Networks (Belgian TC)
FP	Family Planning
IMCI	Integrated Management of Childhood Illness
MCHIP	Maternal and Child Health Integrated Program
NNAC	National Clinical Care Standards
OR	Operating Rules
PAI	Expanded Program of Immunization
PAHO	Pan-American Health Organization
SAFCI	Intercultural, Community and Family Health
SALMI	System of Administration and Logistic of Medicines
SEDES	Departmental Health Service
SIAL	System of Information, Administration and Logistic
SIGMA	Administrative Integrated System of Management and Upgrading
SNIS	National Health Information System
SNUS	National Unique Supplies Systems
SSR	Sexual and Reproductive Health
SUS	Unified Health System
TB	Tuberculosis
UN	United Nations
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VIPFE	Vice-Ministry of Public Investment and Foreign Funds
WHO	World Health Organization

## Section I. SUMMARY

This is the Quarterly report of the FORTALESSA UNICEF project corresponding to the period comprised between January and March 2013, a Project which, in close coordination with other partners and counterparts (MSD, SEDES, NETWORKS and Municipalities), implemented health-related activities under tutelage and institutional leadership in the departments of La Paz and Chuquisaca.

Major advances in terms of results were framed within the strengthening of the SUS-SAFCI subsystems and service quality improvement.

Main results achieved during the second quarter of the 2013 term:

- 86% of health staff implementing Clinical Nut IMCI and Neonatal IMCI at health establishments.
- Updated regulation for the handling (care) of serious acute malnutrition at level II and III hospitals.
- Availability of a neonatal stabilizing and transportation Guide.
- Implementation of massive fast monitoring activities and multi-programmatic campaigns (vaccination and distribution of micronutrients)
- 100% of Health networks supervised by SEDES multidisciplinary team.

In the analysis of OP/PMP indicators broken down by intervention municipality, it appear an increase in third dose pentavalent coverage in children less than 1 year old in Chuquisaca when La Paz still maintain low coverage. This situation result in the outbreak of pertussis in both departments and at national level.

This quarter (Q2) has served to plan for intervention priorities and identify risk areas of greatest inequality in access to health services. This was formulated in an implementation plan that will go into effect in April 2013.

Main challenges for the third quarter of the 2013 term:

- Reduction of gaps in vaccination coverages and administration of micronutrients.
- Strengthening of monitoring and evaluation system in intervention networks.
- Promotion of use of information to determine intervention priorities.
- Incorporation of the OP/PMP indicator to the SNIS.

## Section II. INTRODUCTION

In this report, firstly we'll show the advances made and results achieved product of the activities implemented by counterparts; afterwards, we'll analyze the quarterly results of the project's OP/PMP indicators; finally, priority work lines for next quarter (Q3) will be planned for.

Activities reported in this quarterly report correspond to activities executed by counterparts with the technical support (UNICEF's health experts and Consultants) and financial support of UNICEF (transferences to counterpart as per AOP).

It is also important to emphasize reported activities in which the project was exclusively involved in. Actions or support given to activities reported by other partners of the FORTALESSA program are not reported as quarter's activities.

Activities executed during this quarter correspond to: Strengthening of participative management and Operating Systems at all Health System levels (IR1) and Increased Access to and Quality Improvement of Intercultural Health Care (IR2).

## Section III. ACTIVITIES PERFORMED AND RESULTS ACHIEVED

### IR I Strengthening of participative management and Operating Systems at all Health System levels (Participative Management and Leadership).

***Strengthening of the SEDES capacity to apply specific regulations for planning, follow up and monitoring processes and administrative, financial and legal management. (IR1.2; P2).***

The following are the activities developed during this period:

Organization of a workshop to review and prepare the reformulation of the planning of the FORTALESSA 2013 Project under the leadership of La Paz SEDES' Planning Unit and the participation of 40 SEDES technicians, 6 management teams of health networks Coordinators and a number of different partners of the FORTALESSA Project who reviewed the 2013 AOPs of the six La Paz SEDES networks in consensual and coordinated fashion.

Monitoring of financial execution and financial reports of three health networks part of the Chuquisaca SEDES (Monteagudo Network, Tarabuco Network and Padilla Network), activity that took place under the leadership of 2 SEDES administrative officers. Through this activity, the network team reviewed 6 accountability reports per network and recovered three from each network, verifying concordance between the activity described in the AOP and the event performed, and compliance with all administrative regulations, in addition to leaving recommendations for pending accountability reports.

This supervision enabled the improvement of the administrative skills of the network's health care staff.

In Chuquisaca, instruments for technical and administrative reports and the communication strategy for the application of the SAFCI at departmental level were socialized.

40 SEDES officers and the 6 Network teams received training to develop technical and administrative reports of the activities performed at their Network, based on the internal regulation concerning the use of cooperation funds and the guide for the development of Technical Reports (cf. Consulting products reported the previous Q1 2013 quarter). The approval of these 2 instruments by the operating staff of health networks will serve in the standardization of information concerning reported activities and will facilitate administrative and financial flows between health care providers and the SEDES.

An evaluation of the implementation of the guide to develop technical reports is scheduled for the Tarabuco Network at the end of May 2013. This evaluation will serve to validate the guide at operating level and advocate for its ministerial approval.

➤ Indicators:

- 6 teams of network coordinators of La Paz (100%) with AOPs reformulated and annual action plans available.
- 3 of 6 accountability reports reviewed and delivered to the SEDES per Network, following appropriate administrative procedures, 50% compliance.
- 40 health care officers of the SEDES, Networks and Municipalities trained in the development of technical and administrative reports. (15% of SEDES technicians,

*100% of Network teams, 55% of representatives of municipalities)*

***Strengthening of the capacities of the SEDES (IR1.2; P3), Health Networks (IR1.3; P2) to analyze and use information for decision making purposes.***

In Chuquisaca, an Information Analysis Committee (CAI in Spanish) was set up at each one of the 7 health networks. These reunions included the participation of 364 officers and community representatives from 29 municipalities of the 7 networks, enabling the analysis of all (100%) indicators for the 2012 term, the evaluation of compliance with management commitments (212 indicators) and compliance with the Networks' budget execution; in addition to the development of municipal action plans, with commitments for the 2013 term.

Based on this preliminary work and that of the Chuquisaca departmental CAI, 100% of indicators for the 2012 term, consolidated by network, were presented and analyzed, evaluating compliance with the commitments for the term (21 indicators) and the SEDES' budget execution; in addition to the approval of action plans per network with commitments for the 2013 term.

➤ *Indicators:*

- *100 % of all prioritized indicators were analyzed by the SEDES, Networks and municipalities for decision making purposes, enabling the development of action plans in Chuquisaca*
- *100% of all networks with CAIs set up in Chuquisaca*
- *1 SEDES CAI set up in Chuquisaca*
- *7 teams (100%) of network coordinators of the Chuquisaca SEDES with annual action plans, including commitments assumed to improve prioritized indicators product of the their analysis during the 2012 term.*

## IR II Increased Access to and Quality Improvement of Intercultural Health Care.

### ***Strengthening of the MSD for the implementation of the regulation and guides for integrated care in SAFCI (IR2.1, P1).***

With UNICEF's technical assistance the final review of the Manual for the care (handling) of severe malnutrition, in coordinated fashion with its co-authors and the MSD's *Unit of Health Services and Quality Networks* was performed. Currently an updated regulation is available for the care (handling) of acute grave malnutrition at level II and III hospitals.

With the Chapters of the *Pediatric Society of La Paz and Chuquisaca*, the National PAI and the *National Vaccinations Committee*, the National Action Plan was developed and validated for the control of pertussis outbreaks, and the clinical care protocol to mitigate lethality in pertussis cases affecting newborns.

#### ➤ Indicators:

- *Grave malnutrition care regulation approved at national level*
- *National action plan against Pertussis Outbreak approved*
- *Pertussis Clinical care protocol approved*

### ***Development of the SEDES' capacities to improve the clinical and intercultural competencies of health care providers (IR2.2)***

Both SEDES have developed multiple activities for the supervision and organization of health networks to make progress in results:

#### ➤ Indicators:

- *Regulations concerning the care of children less than 5 years old (Clinical Nut IMCI and Clinical Neonatal IMCI) implemented in 24 municipalities part of the La Paz SEDES and 28 municipalities part of the Chuquisaca SEDES).*
- *Third dose pentavalent coverage in children less than 1 year old: 74% in Chuquisaca, 46% in La Paz.*
- *Iron supplement coverage in children from 6 months to 2 years old: 92% in Chuquisaca, 133% in La Paz.*
- *Vitamin A first dose coverage in children less than 1 year old: 67% in Chuquisaca, 24% in La Paz*

### ***Skills of the Chuquisaca and La Paz SEDES increased to disseminate and implement national regulations and guides, including house calls by health and community staff. (IR2.2; P.1)***

The Guide for neonatal stabilizing and transportation was developed and validated at La Paz. This validation was performed by 5 neonatologists of La Paz hospitals and the first levels of the La Paz SEDES.



➤ Indicator:

- *A regulation is available to improve neonatal reference from I and II levels*

At the health networks of La Paz, a number of workshops enabled the training of more than 192 health professionals in the handling of an interactive training CD for CLINICAL NUT IMCI AND CLINICAL NEONATAL IMCI.

➤ Indicators:

- *Network 3: 24 participants: 7 doctors, 3 registered nurses, 14 nurse assistants.*
- *Network 5: 55 participants: 12 doctors, 6 registered nurses, 36 nurse assistants, 1 registered nutritionist.*
- *Network 8: 55 participants: 22 doctors, 3 registered nurses, 30 nurse assistants.*
- *Network 15: 27 participants: 8 doctors, 5 registered nurses, 14 nurse assistants.*
- *Network Los Andes El Alto: 31 participants: 15 doctors, 7 registered nurses, 9 nurse assistants.*
- *86% of health staff implementing the Clinical Nut IMCI and Neonatal IMCI at health establishments.*

In Chuquisaca and La Paz, basic neonatal reanimation courses were given within the framework of the attention continuum and the CMCC. 31 facilitators in Chuquisaca and 20 doctors of health facilities part of the Los Andes Network in collaboration with MCHIP/JHPIEGO received training.

➤ Indicators:

- *The department of Chuquisaca has 31 neonatal reanimation facilitators and local training plans developed.*
- *The department of La Paz has 20 (33%) health members of the staff of the Los Andes Network trained in continuous quality improvement cycles in neonatal health care.*

In La Paz and Chuquisaca, 46 health care people from second level hospitals were trained in neonatal stabilizing and transportation.

➤ Indicator:

- *16 health care people from the Copacabana hospital, 15 health care people from the Coroico hospital and 15 health care people from the Tarabuco hospital received training in neonatal stabilizing and transportation for newborn reference ( a total of 46 health care people trained in neonatal stabilizing and transportation).*

In Chuquisaca and La Paz, maternal and infant health care coverages were improved due to the implementation of fast monitoring activities and multi-programmatic campaigns (vaccination and distribution of micronutrients). These activities were implemented by multidisciplinary teams of health establishments who planned visits to 100% of the communities part of their area of influence in coordination with community authorities. Health care actions concerning growth and development control, vaccination, supplementation through micronutrients, attention of childhood prevalent illnesses, childbirth, postpartum and newborn control, dental care, symptomatic respiratory detection, meeting with communities, etc. were performed.

The objective of these actions outside the confines of health establishments permits increasing vaccination coverages resulting in a reduction of immune-preventable diseases and chronic malnutrition in targeted age groups.

➤ Indicators:

- 11 Chuquisaca municipalities with optimum vaccination and micronutrients coverages (exceeding 90%), according to the fast monitoring performed (municipalities of Presto, Icla and Mojocoya representing 15% of all communities)
- 28 Chuquisaca municipalities (100%) undertook multi-programmatic vaccination campaigns with the following results: 82 % third dose pentavalent coverage; 125% of children between 6 months and 1 year old with complete iron dose; 80% of children between 2 and 5 years old with complete iron dose.
- 40 communities and 20 health establishments in La Paz with vaccination and micronutrients coverages increased by 10% (71% of Network 5 municipalities; 83% of Network 8 municipalities and 100% of health establishments part of the Andes del Alto Network)

**Improvement of SEDES supervision systems that insure compliance with national regulations and guides concerning community and intercultural family health. (IR2.2; P.2)**

In La Paz, a multidisciplinary team made up of 6 SEDES technicians from Planning, Quality and SNIS Units made a number of supervision visits to health establishments of the La Paz networks to verify compliance with infant and neonatal health care regulations.

➤ Indicators:

- Los Andes El Alto Network: 20 health establishments supervised (100%)
- Network 5 - Los Andes Manco Kapac, 6 municipalities and close to 60% of health establishments supervised.
- Network 8 - North and South Yungas, 6 municipalities and over 60% of health institutions supervised.

In parallel, the integrated supervision instrument was validated by the technical staff of the La Paz SEDES of health networks 14, 15 and 3.

In Chuquisaca, 21 SEDES officers organized in 7 teams, 3 per network, supervised Network coordinators, statistics, FIM home base and quality managers, supervision aimed at compliance with infant and neonatal health care regulations.

➤ Indicators:

- 7 Network coordinators supervised (Infant health and other programs' indicators, monitored).
- 7 network coordinator action plans developed and under execution.

**Increase in SEDES skills to implement and supervise the DOTS (IR2.2; P.4)**

At the La Paz SEDES, the monitoring of the implementation of continuous quality improvement cycles in tuberculosis care was performed at health establishments of health networks. Departmental TB officers supervised: 5 Network 3 municipalities; 6 Network 5 municipalities; 4

Network 14 municipalities and 6 Network 15 municipalities. They evaluated the DOTS strategy and the implementation of continuous quality improvement cycles in tuberculosis care.

➤ Indicators:

- 80% of health establishments improved quality of sputum sample.
- 80% of municipalities have implemented good sample model and red seal strategies.
- 75% of health establishments monitored implement DOTS boxes.

In Chuquisaca, 3 TB departmental program technicians implemented 7 training workshops concerning regulations and sample taking techniques for TB at 7 network coordinators.

➤ Indicator:

- 100% of the health staff of the 7 network coordinators of Chuquisaca trained in TB technical regulations.

***Improvement of the capacities of health networks to supervise integral quality service provision within SAFCI's framework (IR2.3).***

During this last quarter, health networks have strengthened their capacities related to the supervision and support of the certification process of health establishments.

***Improvement of supervision systems for the application of regulations and clinical performance standards in selected networks (IR2.3; P.1).***

In Chuquisaca, 21 networks' officers (Network Coordinator, Statistics, Epidemiological Surveillance Head) organized in 7 teams, three per network, supervised the leadership team of 29 municipalities. At each municipality they supervised the Head doctor, Head nurse, Pharmacy manager, Hospital director. 116 officers were supervised and this supervision was focused on compliance with infant and neonatal health care regulations.

➤ Indicator:

- 29 municipal headships (100%) supervised and with action plans for infant health programs and other programs.

***Improvement of the capacity of health centers in the application of regulations, attention and response to local needs guides (IR2.4)***

Both departments devoted their work to improving the capacity of health (care) providers during this last quarter through performance monitoring and training sessions.

***Health (care) providers trained to provide infant-maternal, reproductive and TB quality health care services based on standards (IR 2.4, P.5)***

In La Paz and Chuquisaca, training workshops were set up for health care staff with emphasis on infant health within the framework of the attention continuum (including basic neonatal reanimation).

In the same fashion, training workshops concerning TB (clinical, epidemiological and lab) were set up for the health care staff of both departments.

➤ Indicators:

- 215 officers of 7 Chuquisaca networks (110 doctors, 90 nurses and 15 auxiliary nurses) trained in infant health care regulations within the framework of the attention continuum.
- 16 health care providers from the Hospital Copacabana trained in infant health care regulations within the framework of the attention continuum.
- 225 officers of health services (130 men and 95 women. 98 doctors, 105 nurses and 22 auxiliary nurses)

### **IR III Rural population not receiving proper care empowered to search for culturally appropriate health care (Promotion and Social participation)**

No activities related to IR3 have been executed since the second quarter of 2013.

## Section IV. INDICATOR ANALYSIS

The information source for maternal-infant health indicators is the *National System of Health Information* (SNIS). As of this report's date, the National System has not provided consolidated information for the months of January, February or March, which is the reason why we base our quarterly coverage analysis on information available at the departmental SNIS' level. This analysis should be seen as a projection and interpretation of data still being consolidated

### Indicator tables broken down by Municipalities of the Department of La Paz

HEALTH AND NUTRITION COVERAGE Q1 2013 LA PAZ Jan to March 2013																													
La Paz Municipalities	Coverage 3rd Pentavalent < 1 year				Newborns receiving essential care				Children 6m < 2y complete doses of iron				Children 2 years to younger than 5 with complete doses of iron				Children < than 1 year with a 2nd sole doses of Vit. A				Children 1 to < than 5 years with a 2nd sole doses of Vit. A				Assisted children n < than 5 years	Children of 6 months to 2 years who receive complementary food Nutritionists	Chronic malnutrition in minors than 2 years of age		
	Population n < than 1 year quarterly	Population n < than 1 year quarterly	Number of children with 3rd Pent Q2	%	Expected births	Expected births Quarter	No. of VN doses from health services with essential care	%	Children 6m to < 2 years Yearly	Children 6m to < 2 years Quarterly	Children 6m < 2 years with complete doses of Iron	%	Children n 2 to < than 5 years Yearly	Children n 2 to < than 5 years Quarterly	Children n 2 to < than 5 years with complete doses of iron	%	Population n < than 1 year yearly	Population n < than 1 year quarterly	Population n < than 1 year with sole doses of Vit. A	%	Children 1 to < than 5 years Yearly	Children 1 to < than 5 years Quarterly	Children 1 to < 5 years with a 2nd sole doses of Vitamin A	%	No. of cases	No. of cases registered	Children < than 2 registered	Children with chronic DNT	%
Batallas	462	116	55	48%	438	110	14	13%	485	121	129	100%	1433	358	145	40%	462	116	61	53%	1894	474	95	20%	75	0	473	101	21%
Carmona	331	83	35	42%	271	68	13	19%	348	87	103	119%	987	247	64	26%	331	83	48	58%	1357	339	50	15%	104	355	330	102	31%
Casalta	196	49	30	61%	135	34	18	53%	206	51	65	126%	582	146	39	27%	196	49	21	43%	804	201	24	12%	173	0	194	12	6%
Chulumani	429	107	77	72%	353	88	32	36%	450	113	73	65%	1228	307	43	14%	429	107	58	54%	1759	440	36	8%	168	0	144	20	5%
Cotacani	584	146	91	62%	410	102	13	13%	613	153	117	76%	1736	434	86	20%	584	146	91	62%	2394	599	118	20%	116	0	580	72	12%
Copacabana	322	81	33	41%	326	81	13	16%	338	85	98	116%	1007	252	140	56%	322	81	32	40%	1320	330	80	24%	42	0	330	34	10%
Coripata	301	75	49	65%	298	75	19	25%	316	79	98	124%	873	218	75	34%	301	75	47	62%	1234	309	76	25%	87	0	294	38	13%
Corico	345	86	36	42%	307	77	43	56%	362	91	92	102%	1001	250	88	35%	345	86	49	57%	1415	354	76	21%	99	0	338	33	10%
Escoma	140	35	12	34%	131	33	8	24%	147	37	34	93%	444	111	58	52%	140	35	19	54%	574	144	43	30%	21	83	145	22	15%
Humacota	122	31	12	39%	116	29	3	10%	128	32	21	66%	387	97	17	18%	122	31	12	39%	500	125	38	30%	13	155	127	53	42%
Ichoa	217	54	12	23%	144	36	3	8%	228	57	32	56%	646	161	19	12%	217	54	11	20%	890	222	16	7%	24	144	116	32	15%
Inquisivi	495	124	24	19%	349	87	6	7%	520	130	65	50%	1472	368	70	19%	495	124	20	16%	2030	507	36	7%	65	236	492	30	6%
Inyanga	299	75	36	48%	235	59	21	36%	314	78	32	41%	855	214	43	20%	299	75	18	24%	1226	306	52	17%	130	1	289	25	9%
La Asunta	715	179	159	80%	558	139	74	53%	751	188	256	136%	2051	513	202	39%	715	179	111	62%	2932	733	137	19%	299	572	602	61	9%
Licoma	91	23	10	44%	64	16	1	6%	96	24	14	59%	269	67	13	19%	91	23	11	48%	373	93	7	8%	15	32	90	7	8%
Luribay	222	56	19	34%	186	47	2	4%	233	58	53	91%	663	166	62	37%	222	56	26	47%	910	228	65	29%	62	299	221	36	16%
Malla	150	38	7	19%	114	29	0	0%	158	39	17	43%	448	112	35	31%	150	38	9	24%	615	154	20	13%	17	47	150	40	27%
Mocomoco	307	77	37	38%	275	69	6	9%	322	81	100	124%	973	243	111	46%	307	77	45	59%	1259	315	120	38%	40	455	319	48	15%
Pucará	712	178	77	31%	671	168	18	11%	748	187	166	89%	2208	552	214	39%	712	178	86	48%	2919	730	153	21%	112	904	729	143	20%
Puerto Acosta	334	84	46	55%	314	78	6	8%	351	88	84	96%	1059	265	76	29%	334	84	47	56%	1369	342	55	16%	31	303	347	47	14%
Puerto Carabuco	398	100	24	24%	387	97	3	3%	418	104	89	85%	1260	315	83	26%	398	100	34	34%	1632	408	90	22%	43	303	443	56	14%
Puerto Píez	184	46	16	35%	171	43	0	0%	193	48	31	64%	570	143	53	37%	184	46	16	35%	754	189	41	22%	18	181	198	11	6%
Quime	205	51	35	68%	143	36	9	25%	215	54	84	156%	609	152	64	42%	205	51	35	68%	841	210	36	17%	66	141	172	20	34
San Pedro de Tiquina	140	35	14	40%	124	31	3	10%	147	37	26	71%	437	109	24	22%	140	35	11	31%	574	144	32	22%	19	115	143	3	2%
Tib Yupanqui	67	17	2	23%	63	16	1	6%	70	18	4	23%	210	53	8	15%	67	17	3	18%	275	69	11	16%	13	24	89	2	3%
Yacopuma	239	60	27	45%	191	48	1	2%	251	63	58	92%	714	179	69	39%	239	60	34	57%	980	245	48	20%	59	299	239	72	30%
Yacacachi	121	30	25	83%	88	22	2	9%	127	32	29	91%	348	87	26	30%	121	30	19	63%	496	124	18	15%	82	0	117	8	7%
RED LOS ANDES E	5961	1490	606	41%	7385	1841	571	31%	8842	2235	1064	48%	13797	3282	720	22%	5961	1490	504	34%	23432	5858	630	11%	763	0	434	669	15%
TOTAL SEDES LPZ	14089	3522	1606	46%	14227	3587	903	25%	17476	4369	3034	69%	37597	9399	2647	28%	14089	3522	1478	42%	56757	14189	2203	16%	2748	4680	12526	1811	14%

## Indicator tables broken down by Municipalities of the Department of Chuquisaca.

HEALTH AND NUTRITION COVERAGE Q1 2013 CHUQUISACA Jan to March 2013

Chuquisaca Municipalities	Coverage 3rd Pentavalent < 1 year				Newborns receiving essential care				Children 6m to < 2y complete doses of iron				Children 2 years to younger than 5 with complete doses of iron				Children < than 1 year with a 2nd sole dose of Vit. A				Children 1 to < than 5 years with a 2nd sole dose of Vit. A				Assisted diarrheas in < than 5 years		Children of 6 months minor than 2 years who receive complementary food Nutribabe.		Chronic malnutrition in minors than 2 years of age	
	Population on < than 1 year yearly total	Population on < than 1 year quarterly	Number of children with 3rd Point Q2	%	Expected Births	Expected Births Quarterly	No of RV alive from births in service with essential care	%	Children 6m to < than 2 years Yearly	Children 6m to < than 2 years Quarterly	Children 6m to < 2 years with complete doses of iron	%	Children 2 to < than 5 years Yearly	Children 2 to < than 5 years Quarterly	Children 2 to < 5 years with complete doses of iron.	%	Population on < than 1 year yearly	Population on < than 1 year quarterly	Population on < than 1 year with sole doses of Vit. A	%	Children 1 to < than 5 years Yearly	Children 1 to < than 5 years Quarterly	Children 1 to < than 5 years with a 2nd sole doses of Vit. A	%	No. of cases	No. of cases	Children < than 2 registered	Children < with chronic DWI	%	
Alcalá	126	32	23	72%	110	27	11	40%	191	48	40	84%	383	96	58	67%	126	32	22	69%	511	128	62	49%	195	242	344	10	3%	
Azuay	422	106	63	60%	291	73	12	17%	633	158	124	78%	1208	302	175	58%	422	106	70	66%	1630	408	208	51%	492	782	1025	171	17%	
Camargo	486	122	92	75%	383	96	63	65%	733	183	156	107%	1421	355	301	85%	486	122	77	63%	1908	477	155	32%	511	959	1412	163	12%	
Cajuma	481	120	122	101%	444	111	64	58%	721	180	267	148%	1447	362	282	78%	481	120	100	83%	1828	482	254	53%	549	1461	1920	312	18%	
El Villar	121	30	20	66%	103	26	14	54%	182	46	30	66%	364	91	54	59%	121	30	20	66%	485	121	41	35%	235	231	346	7	2%	
Huacaya	250	73	46	63%	248	62	28	45%	438	110	118	108%	866	217	163	73%	250	73	48	66%	1157	289	146	50%	352	621	916	32	3%	
Huacaya	86	22	26	121%	66	16	9	18%	129	32	59	183%	248	62	57	92%	86	22	22	102%	334	84	55	66%	145	189	315	28	9%	
Isle	330	83	44	53%	266	66	17	25%	496	124	70	56%	983	246	116	47%	330	83	38	46%	1314	329	154	47%	355	573	776	136	18%	
Inchasi	398	100	58	58%	319	80	21	25%	597	149	110	74%	1157	289	155	54%	398	100	57	57%	1555	389	179	46%	532	675	1118	226	23%	
Las Camas	111	28	23	83%	95	24	11	48%	166	42	53	128%	334	84	75	90%	111	28	21	76%	444	111	49	44%	252	216	316	12	4%	
Machani	297	74	46	62%	234	59	13	22%	446	112	154	138%	880	215	381	177%	297	74	50	67%	1157	289	96	33%	327	495	672	19	3%	
Mopoca	251	63	29	46%	194	48	13	27%	376	94	57	61%	746	187	78	42%	251	63	23	37%	997	249	104	42%	230	476	642	49	8%	
Montesquib	820	205	132	64%	712	178	133	15%	1230	308	259	84%	2432	608	325	53%	820	205	127	62%	3252	813	331	41%	1587	1739	2574	86	3%	
Padilla	348	87	50	57%	303	76	79	104%	523	131	105	80%	1047	262	183	70%	348	87	45	52%	1385	348	163	47%	626	523	1029	73	7%	
Pomona	444	111	87	78%	619	155	32	21%	667	167	229	137%	1333	333	269	81%	444	111	94	85%	1778	445	227	51%	543	467	1287	133	10%	
Pueblo	314	79	62	79%	257	64	5	8%	471	118	89	76%	933	233	130	56%	314	79	64	82%	1247	312	161	52%	372	573	816	176	22%	
San Lucas	1114	279	198	71%	891	222	97	44%	1671	418	455	109%	3239	810	895	111%	1114	279	202	73%	4354	1089	562	52%	1303	2456	2126	524	25%	
Sigapay	245	61	40	65%	216	54	21	39%	368	92	81	88%	736	184	111	60%	245	61	29	47%	981	245	135	55%	342	649	722	92	13%	
Sucre	7038	1739	1819	103%	10152	2538	1471	58%	10554	2639	4368	166%	21108	5277	4674	89%	7038	1739	1682	96%	28143	7038	4820	69%	7786	9880	28526	1187	4%	
Tarabuco	610	153	94	62%	499	125	46	37%	915	229	181	79%	1890	452	217	48%	610	153	84	55%	2416	604	282	47%	657	698	1393	279	23%	
Tarija	640	160	72	46%	430	108	49	48%	960	240	141	59%	1832	458	200	44%	640	160	73	46%	2472	618	273	44%	776	1052	1402	274	23%	
Torres	311	78	58	75%	289	67	24	38%	489	117	115	99%	934	234	290	124%	311	78	54	69%	1246	311	145	47%	707	758	980	147	15%	
Vila Abasco	94	24	17	72%	83	21	6	6%	142	36	60	169%	294	71	81	114%	94	24	13	55%	379	94	37	39%	105	197	266	14	5%	
Vila Cheras	476	119	84	71%	381	95	22	25%	713	178	165	93%	1382	346	248	72%	476	119	81	69%	1858	465	214	46%	619	8	1655	331	3%	
Vila Serrano	315	79	60	76%	297	74	15	18%	474	119	122	103%	989	247	252	102%	315	79	42	53%	1202	306	146	48%	447	648	1051	148	14%	
Vila Vaca Guzmán	372	93	47	51%	294	73	36	38%	559	140	158	113%	1078	270	142	53%	372	93	52	56%	1482	363	151	42%	343	573	1276	89	7%	
Yampuez	272	68	37	54%	215	54	24	45%	408	102	51	55%	805	201	91	46%	272	68	33	49%	1077	268	102	38%	258	298	565	76	13%	
Yata	232	58	44	76%	230	58	23	28%	348	87	75	86%	696	174	123	71%	232	58	42	72%	928	232	119	51%	281	360	638	45	7%	
Zudáñez	242	61	42	69%	190	47	18	36%	363	91	87	96%	720	180	97	54%	242	61	40	66%	962	241	93	39%	230	455	620	69	11%	
TOTAL	17280	4321	3531	82%	14880	3722	2382	50%	6485	1611	1338	83%	15380	3842	18223	84%	17280	4321	3368	76%	6488	1611	948	59%	21157	28146	38728	488	4%	

### 1. Third dose pentavalent vaccine coverage in children less than 1 year old:

The department of Chuquisaca reported an increase in third dose pentavalent coverage in children less than 1 year old, projected for the quarter to be of 8 points (74% Q1 2013; 82% Q2 2013). This percentage increase at departmental level is the result of the execution of vaccination campaigns in prioritized municipalities, complementing fast coverage monitoring activities that allow us to prioritize vaccination actions in municipalities with smaller coverages. Currently there are only 2 out of 29 municipalities (7%) showing coverages under 50%.

In the department of La Paz, third dose pentavalent coverage in children less than 1 year old did not increase (46%). Only 8 (29%) out of 28 municipalities have coverages exceeding 50%. Although there was a 10% increase in coverage in the municipalities of the El Alto Networks, Network 5 and Network 8, resulting from multi-programmatic campaigns, there are still important gaps remaining to comply with an acceptable coverage in the Department (over 85%).

The same as in Chuquisaca, in the department of La Paz, vaccination campaigns should be focused on municipalities facing critical situations. During the next quarter the following are communities prioritized to influence departmental coverage:

- Escoma
- Humanata
- Ichoca
- Inquisivi
- Malla
- Puerto Carabuco

- Tito Yupanqui

Unfortunately, it is important to point out that the report of low pentavalent vaccination coverages during the last quarter now is resulting in the outbreak of pertussis in both departments and at national level.

## 2. Coverage of newborns receiving basic care:

As explained in our last report (Q1 2013), this indicator is reported as a function of the number of alive newborns cared for by health care staff in an institution or at home. Although FORTALESSA/UNICEF trained health staff in basic neonatal care and strengthened the monitoring of neonatal health indicators through the implementation of continuous quality improvement cycles, this is still not reflected in the indicator of the selected program. In the department of Chuquisaca, coverage for newborns receiving basic care is around 50%. In La Paz, coverage continues to be low, around 25%. The program's OP/PMP indicator does not exist as such in the SNIS. The SNIS source selected to feed the program's indicator also does not reflect activities developed for the FORTALESSA/UNICEF project. Unless this indicator (newborns receiving basic care) is included in the SNIS it won't be possible to reflect the results achieved by the project related to the care of the newborn. Given these reasons, FORTALESSA/UNICEF will propose the report of this OP/PMP indicator by all partners directly implicated in the improvement of delivery care by health care staff coverage (MCHIP, HCP).

## 3. Iron delivery coverage for children between 6 months and 2 years old:

In Chuquisaca, a strong increase in full iron dose coverage can be observed in children from 6 months to 2 years old, compared to Q1. In this department, coverage increased by more than 30 percentage points (92% in Q1 and 124% in Q2), as a result of integrated campaigns and fast monitoring of distribution of micronutrients implemented during February and March 2013.

On the contrary, there is a considerable drop in coverage in La Paz (133% in Q1 and 69% in Q2). Although multi-programmatic campaigns were implemented in the Los Andes Networks, Network 5 and Network 8, we still haven't witness their effects. This could reflect poor coordination between the La Paz SEDES vaccination and nutrition sectors during these campaigns. Similarly, it could indicate system errors in the reporting of this indicator from base information to the SNIS.

## 4. Coverage of 2nd dose of Vitamin A in children between 1 and 4 years old:

With respect to this indicator, in Chuquisaca as well as in La Paz, it reflects the effect of multi-programmatic campaigns resulting in an increase in coverage in children less than 1 year old with second dose of vitamin A (67% in Q1 and 78% in Q2), while in a different age group (from 1 year to 5 years old) there is no increase in coverage; on the contrary, both departments show a decrease in second dose coverage of vitamin A in this age group during the last quarter. This results in the inadequate planning of campaigns to reach pre-school age children, and the lack of monitoring of these children by health care staff.

## 5. Treatment of diarrhea in children less than 5 years old:

The information reported in both departments is varied. In Chuquisaca, for the quarter, 21,157 diarrhea cases in children less than 5 years old were treated. Nevertheless, only 2,748 cases were reported in La Paz. The difference could be due to the fact that Chuquisaca reports the number of

diarrhea cases, while La Paz reports the number of children less than 5 years old treated for diarrhea, without including the number of child diarrhea episodes. In both cases, the number reported does not significantly vary with respect to the previous quarter.



## Section V. PENDING CHALLENGES

- **Regularization of the contractual situation of the FORTALESSA/UNICEF project**

UNICEF and USAID Bolivia work in collaboration to reach an agreement concerning the new agreement for the FORTALESSA program. Dated April 3, UNICEF sent the Final Revised Application to the Cooperative Agreement Officer in Lima.

- **Planning of 2013 activities with counterparts**

Based on the new agreement and the revised results framework, as quickly as possible, programmatic planning processes and budget registration for the 2013 term will start with counterparts and the AOTR.

- **Reduction of gaps in vaccination and micronutrients coverages.**

Multi-programmatic campaigns will be intensified in prioritized areas, and coordination will be strengthened between vaccination and nutrition sectors in departmental and also in municipal counterparts.

## Section VI. ANNEXES

### RESULT FRAMEWORK

MSD	FORTALESSA - UNICEF			
LPZ SEDES	Quarterly Operating Plan			
CHQ SEDES	Q2 2013 Report			
IR1. Strengthening of participative management and operating systems at all levels of the Health System (Participative Management and Leadership)				
Immediate Results/Project Results	Project Results	Activities executed	Effect	Indicators and target met
IR 1.1 Strengthening of the MSD capacity to plan and allocate resources	P1. Improvement of the MSD capacity to report and disseminate the SAFCI policy, its activities and responsibilities			
	P1. Improvement of the capacity of the SEDES to inform networks about the SAFCI policy, its activities and responsibilities			
IR 1.2: Strengthening of the SEDES capacity to plan in equitable and efficient fashion, handling and allocating human and financial resources for integrated programs.		Workshop for the reformulation of the FORTALESSA Project and 2013 planning, La Paz SEDES Date and place: February 27 and 28, Coroico Participants: 40 6 management teams of health network coordinators, SEDES technicians and representatives of partners of FORTALESSA USAID, UNICEF, MCHIP; DELIVER Healthy Communities, PAHO. 31 doctors, 3 registered nurses, 2 nutritionists, 2 other	Review and update of the La Paz SEDES 2013 AOP in coordination with each partner of the FORTALESSA Program.	6 teams of La Paz network coordinators (100%) with updated AOPS and annual action plans.
		In Chuquisaca, monitoring of financial execution and accountability date and place: Monteagudo Network (Huacaya) February 7 and 8; Tarabuco (Presto) Network and Padilla (Alcalá) Network from February 6 to 8, 2013. Participants: 2 administrative officers reviewed 6 accountability reports and verified the administrative aspects of the organization of the event.	Appropriate administrative procedures in the accountability reports of activities performed in the Padilla, Monteagudo and Tarabuco Networks (CAIs). Reviewed and delivered to the SEDES 3 records of 6 disbursements performed.	3 accountability reports reviewed and delivered to the SEDES per Network/between 6 disbursements made to the networks, meaning 50%.
		Workshop for the socialization of technical and administrative reports and of the departmental communication strategy. Date and place: March 1, 2013, Sucre. Participants: 40 Officers of the SEDES, networks and municipalities.	Staff trained to process technical and administrative reports, validation of the departmental communication strategy with the Networks. Application of guides for the development of technical reports and administrative processes.	40 health officers of the SEDES, networks and municipalities trained in the elaboration of technical and administrative reports, 20 men and 20 women (15% of the SEDES, 100% of Networks and 100% of municipalities)
	P.3 Increment of the institutional capacities of the SEDES to analyze and use information in decision making.	In Chuquisaca, Departmental Information Analysis Committee Date and place: February 27 and 28, 2013 Participants: 125 participants among officers and community representatives of the 29 municipalities and the SEDES, 67 men and 58 women.	Information of the 2012 Term analyzed, including management commitments and the SEDES' budget execution Development of action plans with commitments for 2013	7 Chuquisaca network coordinator teams (100%) with AOPs reformulated and with annual action plans including commitments based on analysis.  100% of prioritized indicators analyzed at departmental level for decision making
	P.1 Improvement of the network's capacity to report to the CSM and DIOS about the SAFCI policy, its activities and responsibilities			Nº of members of the CSM and DILOS trained in SAFCI policy broken down by gender
IR 1.3 Strengthening of the networks' capacities to support municipalities, CSM and DILOS to plan, budget and co-manage health services	P.2 Improvement of the capacities of the networks to support municipalities, CSM and DILOS in the use of data for decision making and receive feedback to improve the Information System	Information Analysis Committees of 7 health networks in Chuquisaca. Date and place: February 5 to 22 at the seven networks: Sucre, Presto, Padilla, Sopachuy, Huacaya, Camargo and Surima. Participant: 364 officers and community representatives of the 29 municipalities of the seven networks, 194 men and 170 women.	Information of the 2012 Term analyzed, including management commitments and the SEDES' budget execution Development of action plans with commitments for 2013	100% of prioritized indicators analyzed per Networks for decision making
	P.3 Increment in the capacities of Network Coordinators to support municipalities and the CSMs in planning and budgeting processes.			Nº of network coordinators trained in planning and budget allocation
	IR 1.4 Improvement of the capacities of the DILOS and the CSM to guarantee that planning and the management of health services are equitable, effective and efficient	P.1.Improvement of the capacities of municipalities, CSMs and DILOS in the use of data for decision making and to provide feedback to improve information systems		
	P.2.Increment in the capacities of DILOS and CSMs in the development of plans and budgets.			Nº of members of the CSM and DILOS trained in planning and budget allocation broken down by gender

MSD	FORTALESSA - UNICEF			
LPZ SEDES	Quarterly Operating Plan			
CHQ SEDES	Q2 2013 Report			
IR2. Increased Access to and Quality Improvement of Intercultural Health Care				
Immediate Results/Project Results	Project Results	Activities executed	Effects	Indicators
IR2.1.- Improvement of the Technical Coordination and Headship of the Technical Programs of the MSD within the SUS-SAFCI framework	P1. Strengthening of the MSD in the implementation of the regulation and guide for integrated attention (maternal-infant, family planning, adolescents, sex and reproductive health, TB) within the SAFCI, including home visits by health and community staff	Final review of the Guide for the care of acute grave malnutrition (review by coauthors of the manual and the USSC of the MSD) February 2013	An update regulation is available for the care of acute grave malnutrition by level I and II hospitals.	2 new regulations related to integrated attention within the logical framework of the SAFCI policy implemented (maternal-infant, family planning, sex and reproductive health, infectious diseases)
		In La Paz and Chuquisaca, development and validation of the action plan to control the outbreak of <i>coqueluche</i> (including write up of document, validation with Chapters of the Pediatric Society of La Paz and Chuquisaca and the National PAI)	An official action plan is available to respond to the <i>coqueluche</i> outbreak in Bolivia, based on work performed by the Chapters of the Pediatric Society of La Paz and Chuquisaca.	
	P.2.Strengthening of the MSD technical capacities to implement integrated and functional health care networks (maternal and neonatal health) at all attention levels (health services up to the community).			Nº of health staff trained in guide for the organization of integrated health networks with focus on maternal-infant health
	P.3.Innovative strategies formulated to increase access to proven and effective maternal-infant health interventions, sexual and reproductive health, TB, including family planning, increase or update of infrastructure with cultural adaptation, mobile teams, home visits by health staff, maternal homes, telemedicine, etc.			Nº of municipalities implementing innovative strategies for hard to reach populations / Nº of mobile brigades implemented in municipalities
	P.4. Strengthening of the capacities of the MSD to implement a monitoring and supervision system that insures compliance with national level regulations including integrated and intercultural quality services.			Nº of supervision instruments implemented in intervention area

<b>1 R 2.2</b> <b>Development of the capacities of the SEDES to improve clinical and intercultural competencies of health care providers</b>	<b>P.1</b> Increment of the capacities of the SEDES to disseminate and implement national regulations and guides, including home visits by health and community staff	Workshops to train how to handle the interactive CD CLINICAL NUT IMCI AND NEONATAL CLINICAL in Health Networks of La Paz. Date and place: February and March 2013, Networks 3, 5, 8, 15, Los Andes Participant: 192 health professionals o Network 3: 24 participants: 7 doctors, 3 registered nurses, 14 nurse assistants. o Network 5: 55 participants: 12 doctors, 6 registered nurses, 36 nurse assistants, 1 registered nutritionist. o Network 8: 55 participants: 22 doctors, 3 registered nurses, 30 nurse assistants. Network 15: 27 participants: 8 doctors, 5 registered nurses, 14 nurse assistants. o Network Los Andes El Alto: 31 participants: 15 doctors, 7 registered nurses, 9 nurse assistants.	Participation of 24 of 28 municipalities where the project is implementing activities Increment in the application of CLINICAL NUT IMIC in reference and counter reference cases. Socialization of health professionals of a self-training process in CLINICAL NUT IMCI and NEONATAL IMCI. Deadline between 3 and 4 months to continue with the self-training process.	<b>2 regulations for the care of children less than 5 years old (CLINICAL NUT IMCI and NEONATAL IMCI) implemented in La Paz.</b>
		Home monitoring visits by health staff in La Paz. Date and place: March 4 to 28 Participants: Teams of brigades of the Networks of Los Andes El Alto, Network 5 Manco Kapac and Network 8 North and South Yungas	Communities or neighborhoods of 5 municipalities in each network (Networks 5 and 8) and the 20 health establishments of El Alto have been prioritized to receive home visits. Coverage expansion (PAI and nutrition) for children with difficulties accessing health services.	<b>Nº of home visits made per network and health establishment. Nº of vaccinations and nº of application of micronutrients through home visits</b>
		In Chuquisaca, Basic Neonatal Resuscitation Course within the framework of the attention continuum for facilitators. Date and place: March 4-6, 2013, Sucre Participants: 31 doctors facilitators of the 7 networks of Chuquisaca.	The department of Chuquisaca has 31 neonatal resuscitation facilitators and local training plans developed.	<b>31 facilitators trained in neonatal resuscitation, 10men and 21 women.</b>
		In La Paz and Chuquisaca, training in neonatal stabilizing and transportation Date and place: February 18-19, 2013, Copacabana; march 24-26, 2013, Tarabuco; 16 health staff from the Copacabana hospital; 15 health staff from the Coroico hospital; 15 health staff from the Tarabuco hospital.	Health staff of the hospitals of Copacabana, Coroico and Tarabuco trained in newborn reference.	<b>nº of newborns references according to regulations in trained networks</b>
		Training in continuous quality improvement cycles in neonatal health Date and place: February 25, 2013, Los Andes de El Alto Network Participants: 20 doctors of health establishments of the Los Andes Network Collaboration: Technical neonatal health assistance for MCHIP/JHP/IEGO	Health staff of the Los Andes network trained in continuous quality improvement cycles in neonatal health	<b>% of compliance with standards of continuous quality improvement cycles in neonatal health at trained hospitals.</b>
		In Chuquisaca, fast monitoring of vaccination coverages. Date and place: March 12-17, municipalities of Icla, Presto and Mojocoya. Participants: 4 PAI officers.	No children were found to vaccinate outside the age group in the communities of municipalities visited. No cases suspected of immune-preventive diseases were found.	<b>0 (cero) cases suspected of immunopreventive diseases in 11 communities of the municipalities of Presto, Icla and Mojocoya.</b>
		In Chuquisaca, multi-programmatic vaccination campaigns in 7 networks. Date and place: From March 1 to March 31. Participants: network health staff	Increase in vaccination and micronutrients distribution coverages.	<b>82 % coverage of third pentavalent dose 124 % of children from 6 months to 1 year with full iron dose 80 % of children from 2 to 5 years old with full iron dose</b>
		Write up and validation of Guide for neonatal stabilizing and transportation (validation with 5 neonatologists at La Paz hospitals, level I and la Paz SEDES validation) January 2013	A regulation is available to improve neonatal reference from the I and II levels	<b>% of neonatal reference following the regulation</b>
	<b>P.2</b> Improvement of supervision systems that ensure compliance with national regulations and guides of family, community and intercultural health at SEDES level	Supervision by the SEDES of health establishments of the health Networks of La Paz in compliance with infant health regulations. Date and place: March 4-28 Los Andes El Alto Network: 20 health establishments Los Andes Network 4 Manco Kapac, 6 municipalities and close to 60% of health establishments Network 8, North and South Yungas, 6 municipalities and over 60% health establishments. Participants. 6 SEDES technicians of Planning, Quality and SNIS units.	Health establishments monitored in their compliance with regulations	<b>60 % of health establishments of the Los Andes Networks 5 and 8 supervised complying with regulations.</b>
		Validation of the integrated supervision instrument by the La Paz technical staff in health networks 14, 15 and 3 Date and place: March 25 to 28 Participants. Two teams composed by 6 SEDES technicians and two leaders	Validation of the SEDES integrated supervision instrument for health networks	<b>% of health networks applying the validated supervision instrument</b>
		SEDES training supervisions of Chuquisaca's network coordinators in infant and neonatal health Date and place: march 7 to 31. Participants: 21 SEDES officers in 7 teams, 3 per network, network coordinators, statistics, head of FMI and quality managers were supervised	7 network coordinators supervised in infant health and other programs Development of action plans	<b>100 % of network coordinators supervised</b>
	<b>P.3</b> Improvement of reference-counter reference system			<b>% of Networks with reference-count reference system</b>
	<b>P.4</b> Increment in the capacities of the SEDES to implement and supervise DOTS.	Monitoring of the implementation of continuous quality improvement cycles in TB in La Paz. Date and place: February and March 2013 at Networks 3,5,14 and 15 Participants: TB Head in Networks: 5 municipalities of Network 3; 6 municipalities of Network 5; 4 municipalities of Network 14; 6 municipalities of Network 15	DOTS strategy evaluated. Implementation of continuous quality improvement cycles in TB evaluated: 80% of establishments improve the quality of the sputum sample. 80% of municipalities have implemented good sample and real seal strategies 75% of health establishments monitored implement DOTS boxes.	<b>21 health establishments impalement quality improvement short cycles in TB.</b> <b>In Chuquisaca: 100 % of training workshops organized had the technical regulatory support of the SEDES.</b>
		In Chuquisaca, 7 training workshops in TB regulations and techniques for network coordinators. Date and place: February 20 to March 30. Headships of 7 networks. Participants: 3 technicians of TB program (Information of participants is found in the description of the network's activity).	Staff increased its skills to develop a TB program	

<b>IR 2.3</b> <b>Improvement of the capacities of health networks to supervise integrated quality service provision within the SAFCI's framework</b>	P.1 Improvement of supervision systems based on the application of regulations, standards and clinical performance in selected networks	In Chuquisaca, training supervisors by networks of municipal headships in infant and neonatal health. Date and place: March 6 to 29. Participants: 21 network officers, 3 per network. Supervisors are: Network coordinator, statistics, Head of epidemiological surveillance; supervise a lading team for 29 municipalities; in each municipality they supervise the head doctor, head nurse, head of pharmacy, hospital director. A total of 116 officers.	29 municipal headships (100%) supervised and with action plans for infant health programs and other programs. Development of action plans	<b>100 % of municipal headships supervised complying with regulations. 116 officers supervised.</b>
	P.2 Increment in the number of certified health establishments			<b>% of health establishments certified per network</b>
	P.4 Family planning and post-abortion services integrated with the obstetric and neonatal assistance in networks			<b>% of second and third level establishments that have FP and post abortion service integrated to obstetric and neonatal attention</b>
<b>IR 2.4</b> <b>Improvement in the capacity of health centers in the application of regulations, attention and response guides to local needs</b>	P.1 Health establishments have sufficient equipment and infrastructure to implement family, community intercultural health services as result of the allocation of municipal funds			<b>% of health establishments that have infrastructure and equipment according to the SAFCI policy and ensuring maternal-infant and TB attention</b>
	P.2 Improve in the availability of basic medicines, vaccines, contraceptives and supplies.			<b>% of health establishments that have basic medicines, contraceptives and supplies</b>
	P.3 Increase in client satisfaction			<b>% of beneficiaries satisfied with health services</b>
	P.4 Increase in the number of reference-counter reference performed			<b>% of health establishments correctly executing ref and counterref processes</b>
		7 training workshops for health staff on the TB program at 7 health networks. Date and place: February 20 to march 30. 7 networks' headships. Participants: 225 officers if health services of the 7nnetworks, 130 men and 95 women, 98 doctors, 105 nurses and 22 auxiliary nurses.	225 officers trained on the TB program, clinical, epidemiological and lab.	<b>225 officers of the 7 networks applying with more solvency the TB program regulations; 130 men and 95 women. 98 doctors, 105 nurses and 22 auxiliary nurses.</b>
	P.5 Health care providers trained in quality health services concerning maternal-infant health, reproductive health and TB based on standards	7 training workshops in infant health within the framework of the attention continuum (including basic neonatal reanimation). Date and place: February 20 to March 30. headships of 7 networks. Participants: 215 officers of health services of three 7 networks; 110 doctors, 90 nurses and 15 auxiliary nurses.	215 officers of the 7 networks applying with more solvency newborn care and children less than five years old regulations; 100 men and 105 women	<b>215 officers of the 7 networks applying with more solvency NB attention regulations and for children less than 5 years old, 110 men and 105 women. 110 doctors, 90 nurses and 15 auxiliary nurses.</b>
		1 training workshop in infant health within the framework of the attention continuum (including basic neonatal reanimation). Date and place : February 18-19, 2013 - Copacabana Participants:16 health care providers of the Copacabana hospital		<b>16 hospital staff trained in neonatal reanimation</b>
	P.6 Innovative strategies developed and implemented to reach adolescents with information on health, reproductive health, intercultural and appropriate for their age			<b>Nº of young people trained in sexual and reproductive health broken down by gender ( nº of instructors trained in sexual and reproductive health broken down by gender</b>

Performance Data: FORTALESSA/UNICEF

N° PM/IO P	PM/IO P INDICATORS	Source	Periodicity	USG Fiscal Year Targets						OBS
					FY13	Q1	Q2	Q3	Q4	
3	PMP. Percentage of children less than 12 months old vaccinated with third pentavalent dose	SNIS	Quarterly	Target	83%	83%	83%	83%	83%	3,741 children less than 1 year old vaccinated with third pentavalent dose (Source SNIS: data updated as of January 7, 2013, corresponding to Oct. and Nov. 2012, with 95% coverage).
				Current	72%	69%	74%	0%	0%	
18	PMP. Number of newborns receiving basic care through programs supported by the US government	SNIS	Quarterly	Target	19,250	5,250	5,250	5,250	3,500	Target as a function of 58.074% of deliveries expected in 2012. - Source, SNIS: Newborns related to deliveries in health care services.
				Current	7,359	3,776	3,563			
19	OP. Number of children less than 12 months old receiving third pentavalent (DPT +HB +HB) dose from USG supported programs.	SNIS	Quarterly	Target	27,000	7,364	7,364	7,363	4,909	Target as a function of 85.124% of children less than 1 year old for 2012. - Source, SNIS: Total number of children with 3rd pentavalent dose (data updated as of January 7, 2013, corresponding to Oct. and Nov. 2012, with 95% coverage).
				Current	11,355	5,513	5,842			
20	OP. Number of children with diarrhea treated in programs supported by USAID	SNIS	Quarterly	Target	80,000	21,818	21,818	21,818	14,546	- Target calculated based on 51.078 % of children less than 5 years old for 2012. Source, SNIS: Acute diarrhea cases in children less than 5 years old (data updated as of January 7, 2013, corresponding to Oct. and Nov. 2012, with 95% coverage). - Source, SNIS: Acute diarrhea cases in children less than 5 years old (data updated as of January 7, 2013, corresponding to Oct. and Nov. 2012, with 95% coverage).
				Current	26,679	17,124	9,556			
23	OP. Number of children less than 5 years old reached by nutrition programs supported by the US government	SNIS	Quarterly	Target	112,500	30,682	30,682	30,682	20,454	- Target calculated based on 71.8285 % of the population less than five years old for 2012. Source, SNIS: Iron for children less than 5 years old (data updated as of January 7, 2013, corresponding to Oct. and Nov. 2012, with 95% coverage). - Source, SNIS: Iron for children less than 5 years old (data updated as of January 7, 2013, corresponding to Oct. and Nov. 2012, with 95% coverage).
				Current	49,892	21,257	28,635			
15	OP. Percentage of new lung TB with BAAR (+) cases notified	PNCT Registry	Quarterly		N/A					
26	PMP. Number of people trained in activities based on rights	Project Registry	Quarterly	Target	N/A					
28	PMP. Number of people treated at health care services for violence related complications	SNIS	Quarterly	Target						
29	PMP. Percentage of people referred because of gender based violence to receive legal and	Project Registry	Annual	Current						
15	OP. Percentage of new lung TB with positive bacilloscopy cases that started treatment and	PNCT Registry	Annual	Target	0%					
1	PMP. Percentage of demand not met by basic health care services	Home Survey	Every two years	Target	LB					
2	PMP. Percentage of demand not met by family planning services	Home Survey	Every two years	Current	LB					
5	PMP. Percentage of children from 0 to 59 months old (less than 5 years old) that have	Home Survey	Every two years	Target	LB					
6	PMP. Percentage of children less than 6 months old being breastfed exclusively	Home Survey	Every two years	Current	LB					
7	PMP. Percentage of children from 0 to 59 months old suffering from chronic malnutrition	Home Survey	Every two years	Target	LB					
11	PMP. Percentage of first level health care providers familiar with appropriate practices for	Health care provider	Every two years	Current	LB					
12	PMP. Percentage of user satisfied with services received in first and second level	Health care provider	Every two years	Target	LB					
24	OP. Percentage of children less than 59 months old who had diarrhea during the previous	Home Survey	Every two years	Current	LB					

PROJECT INDICATORS		Source	Periodicity	Target/Current	FY13	Q1	Q2	Q3	Q4	OBS
1	Number of SEDES furnishing timely information.	Registries	Quarterly	Target	2	2	2	2	2	- Target calculated based on the number of municipalities within the project's intervention area. - Current data is the average of the four Quarters
				Current	2	2	0	0	0	
2	% of health care centers supervised during the past 3 months.	Registries	Quarterly	Target	60%	60.00%	60.00%	60.00%	60.00%	- Target calculated based on 60% of Health care Posts and Centers (531x60%). - Current data is the average of the four Quarters
				Current	22%	21.00%	68.00%	0.00%	0.00%	
3	% of services that have met with the community at least once during the past 3 months.	Registries	Annual	Target	50%	50.00%	N/A	N/A	N/A	- Target calculated based on 50% of Health care Posts and Centers (531x50%). - Current data is the average of the four Quarters
				Current	50%	50.00%	N/A	N/A	N/A	
4	Number of people trained (broken down by sex and age).	Registries	Quarterly	Target F	9,558	2,389	2,390	2,390	2,389	- Target calculated based on 15 people per health establishment of 50% establishments; relation F 6, M 4.
				Target M	6,372	1,593	1,593	1,593	1,593	
				Current F	2,489	1,424	1,065	0	0	
				Current M	1,790	927	863	0	0	
5	Number of best practices implemented.	Registries	Annual	Target						
6	Number of studies performed to report about policies and/or application.	Registries	Annual	Current						
7	Number of mobile clinics/mobile brigades/mobile tents.	Registries	Quarterly	Target	228	57	57	57	57	- Target calculated based on at least one brigade/campaign per municipality
				Current	93	44	49	0	0	
8	Number of people cared for at these mobile installations.	Registries	Quarterly	Target	12,687	3,171	3,172	3,172	3,172	- Target calculated based on 40% of children less than one year old vaccinated outside the service
				Current	6,649	2,910	3,739	0	0	
9	Number of activities started with young people	Registries	Annual	Target						
10	Number of communication strategies developed	Registries	Annual	Current						
11	Information quality > 95% (Quality assessment per >95%)	Registries	Annual	Target						
				Current						

## *“Active care during the third phase of childbirth”*

*The first minutes last a lifetime*



This baby was just born, they still haven't chosen a name for her; nevertheless, she already has many other advantages that will last throughout the rest of her life. The umbilical cord joining her with her mother was clamped only after it stopped palpitating providing the girl with extra iron reserves. She's very awake lying on her mother Marta's bosom. They will remain like that for approximately one hour when breastfeeding will start, which will help placental expulsion and will decrease the chances of mother's bleeding, providing the baby with defenses and the best nutrients for her growth and physical and intellectual development. This period of time will also stimulate in timely fashion the baby forging a very close bond between them.

In order for all of this to be possible, the health care staff that looked after Marta and her baby was trained, monitored and equipped. They work assiduously to comply with attention protocols based on evidence and rigorous management of specialized documents to control the timeliness and quality of each intervention.

This way of coming into the world will leave an indelible mark in the life of the girl, having positive repercussions for her physical and emotional health and more opportunities for her full development. It was made possible because the hospital where the girl was born takes part of the FORTALESSA Program, which implies the strengthening of staff skills and the continuous improvement of care quality. These interventions not only save lives, but improve the way children are born, endowing them with, during the first few minutes after their birth, advantages that will accompany them for the remainder of their lives.

